|  |  |                             |                    |                                 |                   | Application or Docket Number            |                   |                        |                     |            |                        |
|--|--|-----------------------------|--------------------|---------------------------------|-------------------|---|-------------------|------------------------|---------------------|------------|------------------------|
| 1  | PATENT APPL                                    | D                           |                    |                                 |                   |   |                   |                        |                     |            |                        |
| Effective November 10, 1998 9/39 3 76 8  |  |                             |                    |                                 |                   |   |                   |                        |                     |            |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                             |                    |                                 |                   |   | SMALL ENTITY TYPE |                        |                     | OTHER THAN |                        |
| FOR  |  | NUMBER FILED                |                    | NUMBER EXTRA                    |                   | RAT                                     | E                 | FEE                    |                     | RATE       | FEE                    |
| BA   | SIC FEE  |                             |                    |                                 |                   |   |                   | 380.00                 | OR                  |            | 760.00                 |
| то   | TAL CLAIMS                                     | 3 4 minus 20=               |                    | - 14                            |                   | X\$ 9                                   | <del>)</del> =    | 126                    | OR                  | X\$18=     |                        |
|  | EPENDENT CLAIMS                                | <u> </u>                    | minus 3 =          | *                               |                   |   |                   | X39=                   |                     | X78=       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                             |                    |                                 |                   | +130                                    | )=                |                        | OR                  | +260=      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                             |                    |                                 |                   | TOTA                                    | AL                | 306                    | OR                  | TOTAL      |                        |
| CLAIMS AS AMENDED - PART II  |  |                             |                    |                                 |                   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                   |                        |                     |            |                        |
| (Column 1) (Column 2) (Column 3)   |  |                             |                    |                                 |                   | SMA                                     |                   | ADDI-                  |                     | JIMALL     | ADDI-                  |
| ENTA   | REI  | MAINING<br>UFTER<br>NOMENT  | P                  | NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RAT                                     | Έ                 | TIONAL<br>FEE          |                     | RATE       | TIONAL<br>FEE          |
| AMENOMENT  | Total • 9                                      | Minu                        |                    | 2/1                             | = /               | X\$ 9                                   | )=                |                        | OR                  | X\$18=     |                        |
| AME  | Independent + 6                                | Minu                        |                    | $\mathcal{J}$                   | =/                | X39                                     | )=<br>            |                        | OR                  | X78=       |                        |
| Ĥ  | FIRST PRESENTATI                               | ON OF MULTIF                | LE DEPEN           | DENI CLAIM                      | /                 | +130                                    | )=                |                        | OR                  | +260=      |                        |
| $\rho$ , $d$ $d$   |  |                             |                    | ſ                               |                   | TAL                                     |                   | OR                     | TOTAL<br>ADDIT, FEE |            |                        |
| K  | (Column 1) (Column 2) (Column 2)               |                             |                    |                                 |                   | ADDIT.                                  | reE <b>i</b>      |                        |                     | AUNI. PEEL | <del></del>            |
| 8  |  | LAIMS<br>MAINING            |                    | HIGHEST<br>NUMBER               | PRESENT           |   | $\neg$            | ADDI-                  | <b> </b>            |            | ADDI-                  |
| AMENDMENT B  |  | MAINING<br>AFTER<br>NOMENT  |                    | REVIOUSLY<br>PAID FOR           | PRESENT/<br>EXTRA | RAT                                     | E                 | TIONAL<br>FEE          |                     | RATE       | TIONAL<br>FEE          |
| *  | Total • Ó                                      | (A) Mine                    |                    | 34                              | =                 | X\$ 9                                   | }=                |                        | OR                  | X\$18=     |                        |
| AME  | Independent +                                  | Min                         |                    |                                 | <u>/</u>          | X39                                     | )= <b> </b>       |                        | OR                  | X78=       |                        |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                             |                    |                                 |                   | +130                                    | )=                |                        | OR                  | +260=      |                        |
|  |  |                             |                    |                                 |                   | TO                                      | TAL               |                        |                     | TOTAL      | <b> </b>               |
|  |  |                             |                    |                                 |                   |   | FEE <b>L</b>      |                        | 100                 | ADDIT. FEE | <del></del> _          |
|  |  | Dlumn 1)                    | ((                 | Column 2)<br>HIGHEST            | (Column 3)        |   | <del></del>       | 155:                   | 1 1                 |            | 400:                   |
| ENT C  | RE   | MAINING<br>AFTER<br>ENDMENT | Р                  | NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RAT                                     | E-                | ADDI-<br>TIONAL<br>FEE |                     | RATE       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total +  | Mini                        | us **              |                                 | =                 | X\$ 9                                   | )=                |                        | OR                  | X\$18=     |                        |
| ME   | Independent *                                  | Min                         | <u>_</u>           |                                 | =                 | X39                                     | _                 |                        | OR                  | X78=       |                        |
| Ľ  | FIRST PRESENTAT                                | ION OF MULTIF               | PLE DEPEN          | DENT CLAIM                      |                   | -                                       | ┪                 |                        | 1                   |            |                        |
|  | If the cotton to an house                      | loca than the -             | my jac saturas = = | ) wells *0° !                   | iumo 3            | +130                                    |                   |                        | OR                  | +260=      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE  *** ADDIT. FEE  *** ADDIT. FEE |  |                             |                    |                                 |                   |   |                   |                        |                     |            |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.         |  |                             |                    |                                 |                   |   |                   |                        |                     |            |                        |